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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/119,500
	Filing Date	November 21, 2003
	First Named Inventor	Timothy B. Hibler
	Title	Cervical Medical Device, System and Method
	Art Unit	3731
	Examiner Name	Michael C. Mendoza
	Attorney Docket Number	212/850

I hereby revoke all previous powers of attorney given in the above-identified application.

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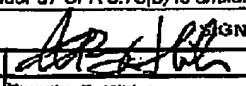
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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.13(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature 	Date 3/21/06
Name Timothy B. Hibler	Telephone (918) 932-2111
Title and Company Vice President, Medical Horizons, Inc.	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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This collection of information is required by 37 CFR 1.31, 1.82 and 1.83. The information is required to obtain or retain a patent by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount or time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, 118 Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FGS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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